

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date <p style="text-align: center;">8/24/82</p> Application Number <p style="text-align: center;">82-45</p>	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Office of Financial Services Public Assistance Unit 47 Trinity Ave. S.W.-Room 503-S Atlanta, Ga. 30334	ARCHIVES AND HISTORY Application Number <p style="text-align: center;">75-273-A</p> Date Received <p style="text-align: center;">AUG 31 1982</p> Date Completed <p style="text-align: center;">OCT 25 1982</p>
2. Person to Contact <p>Nancy Howell</p>		
Working Title <p style="text-align: center;">Supervisor</p>		
Telephone Number <p style="text-align: center;">656-4373</p>		
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>75-273</u> Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supercade; <input type="checkbox"/> Void <div style="text-align: right;">Change Retention Period</div>		
4. Dates of Series Earliest _____ Latest _____		
5. Records Series Title (followed by title used in office, if different) <p style="text-align: center;">Public Assistance Paid Check Listing Files</p>		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <div style="height: 100px; border: 1px solid black;"></div>		
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Included are: File is arranged:		
8. Monthly Reference Rate How often are records referred to which are: One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ?		
9. Annual Rate of Accumulation or Records Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____		

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>5</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Administratively, these files are necessary to document payments made for public assistance.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then;

- ☒ Hold in the current files area _____ month(s) 2 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 3 year(s); then
- ☒ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify) _____

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Nancy J. Howell</i>	<i>8/24/82</i>	<i>Paul V. Murphy</i>	<i>8/24/82</i>
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	<i>9-14-82</i>
		Secretary of State/Designee	<i>9-3-82</i>
		Attorney General/Designee	<i>10-22-82</i>



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
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1. Application Date 10/31/75	2. Instructions See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE Date Received NOV 19 1975 Application No 75-273 Date Completed DEC 16 1975
3. Agency Address Department of Human Resources Division of Administration Public Assistance Control Unit 47 Trinity Avenue, Room 501-H Atlanta, Ga. 30334		4. Person in Contact Nancy Howell
		5. Working Title Staff Supervisor
		6. Tel. No. 656-4485

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1974 - Present	9. Exact Series Title Public Assistance Paid Check Listing Files
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10. What is the function of the office in which this record series is created?

The Division of Administration is responsible for providing administrative support to the Department. This includes general accounting services; budget development and management; general support services; data processing and management information systems; patient accounts services; and personnel services.

Accounting Benefits Payments - responsible for processing payments for benefits and services -- subsections are Medicaid-Nursing Homes, Medicaid-Other Expenses, Vocational Rehabilitation, Assistance Payments, and other benefits (Crippled Children, Cancer, Sterilization, Mat-Pak, Foster Homes, Cuban Refugees, etc.).

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to maintaining a listing of public assistance checks received from Bank identifying the checks that have cleared the bank and have been paid to Welfare clients during monthly issuing period.

Included are computer listings identifying public assistance check number, MICR number, amount of check, date paid, and related information.

Files are arranged chronologically by month thereunder by date.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers				1	2
Legal-size File Drawers	1	2	Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)
				7	
				This Year's	Last Year's
				Preceding Year's	All Prior Years
			AVERAGE DAILY REFERENCE:	10	5
				1	0

QUESTIONNAIRE

Place an "x" in the proper column. If answer is "YES," please explain.

YES NO

13. Is this the Record Copy of the series? ☒ [X] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [X]
15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. ☐ [] ☒ [X]
16. Does the series contain classified information requiring security handling? ☐ [] ☒ [X]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☒ [X] ☐ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [] ☒ [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [X]

24. REQUIREMENTS. The following requires the files to be kept 3 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

Reference Experience

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☒ FISCAL YEAR ☐ OTHER _____, then:

- ☒ [X] Hold in the current files area 2 month(s)/ 2 year(s):
☒ [X] Transfer to ☒ State Records Center ☐ Local Holding Area; hold 1 year(s):
☒ [X] Destroy.
☐ [] Transfer to State Archives for permanent retention.
☐ [] Destroy immediately after cut-off.
☐ [] Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature) <i>William J. McDonald RMO</i>		Date <i>11-6-75</i>	OTHER REQUIRED SIGNATURES	DATE
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved		<i>Nancy Howell</i>	<i>11/10/75</i>
	State Auditor/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved		<i>William M. H. H.</i>	<i>12-11-75</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved		<i>Canell H.</i>	<i>12-10-75</i>
	Attorney General/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved		<i>M. H. H.</i>	<i>12-12-75</i>
STATE RECORDS COMMITTEE				



STATE
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Application for
RECORDS DISPOSITION STANDARD

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2. Agency Application No. DHR-8		Date Received NOV 19 1975	Application No. 75-273 Date Completed DEC 16 1975
3. Agency Name, Division, Subdivision & Administrative Office Address Department of Human Resources Division of Administration Public Assistance Control Unit 47 Trinity Avenue, Room 501-H Atlanta, Ga. 30334		4. Person in Contact Nancy Howell	
		5. Working Title Staff Supervisor	6. Tel. No. 656-4485

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QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

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26. Recommendations in paragraph 25 are:	Agency Head/Designee		
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	State Auditor/Designee		
	<input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	William M. H. Jones	12-11-75
	Secretary of State/Designee		
	<input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	Canell Hart	12-10-75
	Attorney General/Designee		
	<input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	W. H. H. H.	12-12-75

STATE RECORDS
COMMITTEE